Reducing Hospitalizations Quality Improvement Activity (QIA) Monitoring Form: Hyperkalemia

Date of Quality Assessment and Performance Improvement (QAPI) Meeting: _____

Reducing Hospitalizations QIA lead: _____

Facility Goal: _____   **Goal Met:** ☐ Yes ☐ No

Monitoring Metrics												
Number of Patients by Month												
Number of patient(s) who visited the emergency department (ED) or were hospitalized with:	**Jan.**	**Feb.**	**Mar.**	**Apr.**	**May**	**Jun.**	**Jul.**	**Aug.**	**Sep.**	**Oct.**	**Nov.**	**Dec.**
Hyperkalemia												
Hyperkalemia, who missed one or more treatments in the week leading up to the hospital use												
Hyperkalemia, who has been prescribed a potassium binder												
Hyperkalemia, and received *written* and *verbal* education on diet adherence related to potassium intake and/or potassium binder adherence within 3 treatments post hospital use												
Total # of hospitalizations or ED visits due to hyperkalemia last month: ☐ Decreased by: #____ ☐ Increased by: #____												

What hospitalization reduction interventions have been implemented at the facility this month?
_____

What interventions have been successful in reducing hyperkalemia related hospital use? _____
_____

What barriers remain? What new barriers were identified this month? _____
_____

What is the facility's plan to address the identified barriers during the next month?
_____

Did the facility obtain and review the complete hospitalization records (including discharge summary, medication list, etc.) for all hospitalizations this month?   ☐ Yes ☐ No

_____ /_____   _____ /_____
       Facility Administrator/Date   **Facility Medical Director/Date**